

# Sanders County

2504 Tradewinds Way Suite 1  
Thompson Falls, Montana 59873

## Application Form

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ CAREFULLY

PRINT CLEARLY

ANSWER ALL QUESTIONS

Date: \_\_\_\_\_ US Social Security No.: \_\_\_\_\_

Name in Full: \_\_\_\_\_

Physical Address: (Last) (First) (Middle) (Phone Number)

(Number & Street) (City) (State & ZIP) (Message Phone)

Mailing Address: \_\_\_\_\_

(P.O. Box) (City) (State & ZIP)

Are you 18 years or older: Yes ☐ No ☐ If no, can you provide required proof of your eligibility to work? Yes ☐ No ☐

Are you legally eligible for employment in the USA? (If yes, verification will be required upon offer of employment.)

Position Applied for:

Have you ever worked for Sanders County?

Yes ☐ No ☐

Veteran's Preference claimed:

Yes ☐ No ☐

Spouse or Dependent of Disabled Veteran?

Yes ☐ No ☐

Department:

If yes, when?

Disabled Veteran? Yes ☐ No ☐

EDUCATIONAL BACKGROUND (List your educational history below)

Type of School	Name of School Address, City & State	Last Year Completed	Did you Graduate?	Major Course of Study and Degree Granted
High School		1 2 3 4	Yes No	
College or Technical School		1 2 3 4	Yes No	
Other Post Graduate School		1 2 3 4	Yes No	

RELATED SKILLS AND TRAINING (Specialized technical skills, office skills, licenses, certificates, courses, seminars)  
pertinent to position:

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## EMPLOYMENT BACKGROUND (Complete and list most recent employment first)

### (Current or Most Recent Position #1)

Position/Title: From Mo/Yr: To Mo/Yr:  
Employer or Company: Phone:  
Address: City: State: ZIP:  
Supervisor's Name and Title: Phone:  
Description of Duties:  
Reason for Leaving:

### (Previous Position # 2)

Position/Title: From Mo/Yr: To Mo/Yr:  
Employer or Company: Phone:  
Address: City: State: ZIP:  
Supervisor's Name and Title: Phone:  
Description of Duties:  
Reason for Leaving:

### (Previous Position #3)

Position/Title: From Mo/Yr: To Mo/Yr:  
Employer or Company: Phone:  
Address: City: State: ZIP:  
Supervisor's Name and Title: Phone:  
Description of Duties:  
Reason for Leaving:

## PERSONAL REFERENCES (List three persons who we may contact that are not previous employers or relatives.

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Name: Current Phone #  
Address: City: State: ZIP:  
Years you have know them:

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Name: Current Phone #  
Address; City: State: ZIP:  
Years you have know them:

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Name: Current Phone #  
Address: City: State: ZIP:

Years you have know them:

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**GENERAL APPLICATION SUMMARY**

Please briefly summarize the skills and aptitudes that you feel qualify you for a job position with us. You may include activities in civic, school, business or professional organizations. (Exclude any memberships that may reveal race, color, religion, sex, national origin, age, marital status, handicap or any other legally protected status).

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Have you ever been convicted of a felony crime excluding misdemeanors and summary offences? Yes ☐ No ☐. If yes, please explain with date, place and nature of crime. Convictions will not necessarily disqualify an applicant.

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**PLEASE READ CAREFULLY – SIGN AND DATE**

Your interest in Sanders County is sincerely appreciated. Please feel free to attach your resume and any other additional comments that you feel are important in evaluating your job qualifications.

The information provided in application is accurate to the best of my knowledge and subject to verification. I understand that any falsification, misrepresentation or omission of information is sufficient cause for rejection of this application, or if hired, cause for dismissal from employment.

I grant permission for the authorities of Sanders County to investigate my background employment and references and release said County and other former employers from any and all liability or damages that may result from such information.

I agree that where utilized by the county and consistent with relevant federal/state laws and regulations, to undergo and comply with all bonding requirements, and/or fair credit/consumer credit investigative report necessary to determine my employment qualifications, general reputation and mode of living characteristics. I understand that with such procedures additional consumer reporting authorization will be required.

I acknowledge that this application and any supporting application materials does not constitute an employment contract of any kind, and that the county officials may revise this application as deemed necessary to ensure its consistency with current policies and laws.

I understand that this application is held inactive status for the announced position; after that period, I must apply for any further positions or employment consideration.

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**Applicant's Signature**

**Date Signed:**

Notice: Reasonable accommodations for known physical or mental limitations of a qualified applicant or employee (who could otherwise perform the essential functions of a job) will be made consistent with the Americans with Disabilities Act (ADA) except where such accommodations would pose an undue business hardship or are a bona fide job position requirement. (Please see ADA County Posting or a County Human Resources for ADA questions).

**FOR PERSONNEL DEPARTMENTS USE ONLY**

Application Comments:

Vacant or Position Applied For:

Position Description Title (as available):

Application reviewed by:

Date:

Recommendations by County Official/Hiring Representative:

Selected for Interview?

Yes ☐ No ☐

Selected for Additional Interview?

Yes ☐ No ☐

